pain (associated with removal of non-absorbable sutures) favours the use of absorbable sutures in the elective-hand-surgery. Further RCTs are required.

0687: READMISSION AUDIT IN A SINGLE PLASTIC SURGERY UNIT IN LIGHT OF RECENT DEPARTMENT OF HEALTH POLICY ON NON-PAYMENT FOR EMERGENCY READMISSIONS

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Introduction: In April 2011 a Department of Health policy came into effect stating that no tariffs would be paid for readmission of patients to hospital within 30 days of discharge. The purpose of this audit was to determine the reasons behind readmissions in our unit.
Methods: We evaluated readmissions over a one-year period from October 2009 to October 2010. A total of 140 patients were identified. 50 patients were randomly selected to conduct this audit. We also compared the readmission rate in plastic surgery to other specialties in our hospital.
Results: Readmission to plastic surgery made up one per cent of the total readmissions in our hospital over a one-year period. Of the patients readmitted in plastic surgery, 34/50 (68 per cent) were emergencies and 16/50 (32 per cent) were elective. 18 per cent of readmissions were planned as part of ongoing treatment, for example delayed grafting of a wound bed, but were wrongly coded as readmissions. 8 per cent of readmissions were unrelated to the original admission.
Conclusions: This audit has shown that this rule is difficult to apply in surgical practice and coding entries for planned or unplanned admissions are complex and inaccurate in the NHS.

0744: RE-RUPTURE RATE FOLLOWING PRIMARY FLEXOR TENDON REPAIR OF THE HAND WITH POTENTIAL CONTRIBUTING RISK FACTORS: CASE SERIES

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Aim: Flexor tendon injuries of the hand are common with over 3,105 per annum in the UK. This study was aimed to investigate re-rupture rate following primary flexor tendon repair at our institution and to identify potential risk factors.
Method: 51 patients with 101 flexor tendons' injuries who underwent primary repair over one year period were reviewed. Data was collected on age, gender, occupation, co morbidities, injured fingers, hand dominance, smoking status, time to surgery, surgeon grade, type of repair and suture, and antibiotic use. Causes of re-rupture were examined.
Results: Re-rupture rate was 10.9%. Mean age was 35.8. Primary tendon repairs with re-rupture were compared to those without re-rupture. Univariate and multivariate analysis was undertaken to identify significant risk factors. Significantly higher rate was noted when the repair was performed on the dominant hand (p-value = 0.009), in zone 2 (0.001), and when a delay more than 72 hours occurred (0.01). Multivariate regression analysis identified repair in zone 2 injuries to be the most significant predictor of re-rupture.
Conclusions: Re-rupture rate of 10.9% was associated with delay in surgery, repair on dominant hand, and zone 2 repairs. Careful consideration for these factors is crucial to reduce this rate.

0803: PLASTIC SURGERY "TOURISM" COMPLICATIONS PRESENTING TO AN NHS HOSPITAL – A ONE YEAR RETROSPECTIVE STUDY

Nicholas Segaren[1], Kumaran Shanmugarajah[1], Sheraz Markar[4], Neil Segaren[3], Onur Gilleard[2], Kalpesh Vaghela[1]. [1] *Chelsea and Westminster Hospital, London, UK;* [2] *Queen Victoria Hospital, East Grinstead, UK;* [3] *Royal Derby Hospital, Derby, UK;* [4] *Kingston General Hospital, London, UK*

Aim: The advent of cosmetic surgery "tourism" packages has led to an increase in the number of people from the UK flying to foreign destinations to undertake procedures by plastic surgeons that may not have any affiliation to a regulatory body.
Any complications from these operations are dealt with in NHS funded units back in the United Kingdom. We wanted to investigate the potential impact that these presentations had on our department.
Method: We conducted a retrospective study examining all presentations to Chelsea and Westminster Hospital for complications following plastic surgery procedures undertaken abroad. The data was collected from January 2011 to the end of December 2011.
Results: There were 21 patients in total, nineteen females and two males, the mean age was 38.6. Fourteen patients presented with complications from craniofacial procedures, and six following breast augmentation procedures. One patient was admitted with an infected buttock implant. The average in-patient stay was 2.6 days.
Conclusions: The popularity of cosmetic surgery abroad is increasing and therefore the complication rates will rise in the future. The recent scandal regarding the PIP breast implants has further highlighted the potential dangers of cut price cosmetic surgery abroad.

0825: AN AUDIT EXPLORING THE ADEQUACY OF CONSENT FORMS IN PATIENTS RECEIVING EMERGENCY BURNS TREATMENT

Samim Ghorbanian[1], Nicki Bystrzonowski[2], Pundrique Sharma[2], B Philips[2]. [1] *Lister Hospital, Stevenage, UK;* [2] *Broomfield Hospital, Chelmsford, UK*

Aim: There is disparity between Consent Forms in patients receiving Emergency Burns Treatment. Our burns unit consents the majority of patients admitted to the Burns ITU for FCBT (Full Course of Burns Treatment). We aimed to assess the units consenting practice based upon two standards; those set out by the Department of Health and those taken from model Consent Forms produced by 4 Consultant Plastic Surgeons working within the Burns Department.
Method: 54 patients attended the Burns ITU at Broomfield Hospital with a burns related injury between January-August 2010. These patients were retrospectively assessed.
Results: 90 % of patients admitted to the Burns ITU were consented for FBCT. There was little consistency between the "*Intended Benefits*" and "*Complications*" of FCBT between patient Consent Forms and an even greater disparity when patient forms were compared to consultant forms.
Conclusions: Junior surgeons often carry out consent. Incorrect documentation on consent forms may invalidate consent and place both the consultant surgeon responsible for care and the trainee at risk of medico-legal consequences. This audit demonstrates the need for vigilance and discussion with consultants as to what information should be included on consent forms.

0971: MICRO-FENESTRATED SPLIT-THICKNESS SKIN GRAFT FOR PENILE RECONSTRUCTION

James Wokes, Damian Green, Ahmed Ali-Khan. *Royal Victoria Infirmary, Newcastle, UK*

Aim: Surgical management of penile cancer involves lesion excision and neo-glans reconstruction. Unsatisfactory aesthetic appearance with sexual and urinary dysfunction is common post-operatively. Reconstruction using meshed or sheet split thickness skin grafts (SSG) have been described, each with advantages and disadvantages. Our technique of micro-fenestrating exploits the advantages of both graft types.
Materials and methods: Since 2010, twenty-one patients have undergone penile reconstruction with micro-fenestrated SSG. The described technique produces uniform micro-fenestrations less than 200 micrometres in length.
Results: All patients successfully healed within one month of surgery.
Conclusions: Micro-fenestrated skin grafts allow free drainage of fluid from the penile wound surface without compromising the final aesthetic appearance of the neo-glans. Hand fenestrating could create similarly small spaces but can result in uneven fenestrations and can tear the graft. The reported method is superior as it is an easily reproducible technique generating uniform micro-fenestrations with all of the inherent benefits of both meshed and sheet grafts.

0990: IMPROVING PINNAPLASTY DAY-CASE RATES: SIMPLE CHANGE, SIGNIFICANT RESULTS!

Varun Chillal, Kwang Chear Lee, Ngi Wieh Yii. *Leicester Royal Infirmary, Leicester, UK*

Aims: Currently only 70.7% of pinnaplasties are performed as day-cases nationally, representing a savings opportunity of £115K per year. Since July 2010, our department has listed all pinnaplasties as day-cases to improve

the rate of same-day discharge. This audit evaluated the effectiveness of this change and factors influencing patient stay.
Methodology: Data was collected retrospectively. All patients undergoing pinnaplasties from the March 2009-April 2010 were identified from theatre databases using the ORMIS procedure codes D03.1 and D03.3. One month was allowed after policy change before the 2nd cycle of the audit was performed for another 12 months.
Results: A total of 55 patients were audited in the 1st cycle and 49 in the 2nd cycle. There was a significant increase of 28% in the number of pinnaplasties performed as day cases post-policy change from the 1st cycle rate of 62% (p=0.001). All pinnaplasties were performed under general anaesthetic. Gender, mean age, distance from hospital, grade of operating surgeon, and anaesthetic duration had no influence on patient stay. Post-policy change, 5 patients required overnight stay for pain (n=2) and vomiting (n=3).
Conclusions: We have demonstrated that a significant increase in pinnaplasties done as day-cases can be achieved by a simple change in policy without compromising patient care.

1103 WINNER OF RCS/ASIT POSTER PRIZE: WHO NEEDS A DOCTOR TO IDENTIFY A MALIGNANT MELANOMA?

Catherine Bradshaw, Elisabeth Royston, Paul Stephens, Peter Budny. *Stoke Mandeville Hospital, Aylesbury, Buckinghamshire, UK*

Aims: The incidence of cutaneous melanoma is increasing faster than any other cancer worldwide (Lens 2004). We hypothesize that lay people can distinguish between malignant melanoma and benign naevi with a similar accuracy to specialist doctors, highlighting the importance of self-examination for early diagnosis.
Methods: Standardised photographs with a histological diagnosis of either malignant melanoma or benign naevi were selected. Three cohorts - specialist doctors (plastic surgeons and dermatologists), non specialist doctors and lay people - were asked to identify these photographs as benign or malignant. Participants then received a short educational leaflet on recognition of melanoma and asked to re-assess the same photographs.
Results: There was no significant difference in the correct identification rates between specialist doctors, non-specialist doctors and lay people (mean scores of 88%, 90% and 79% respectively). Following education, across all cohorts the number of benign lesions incorrectly identified as melanoma increased (false positives). The rate of missed melanoma remained less than 3% throughout the study (false negatives).
Conclusions: Innately, most people can correctly distinguish between benign and malignant lesions. This questions the current dogma for education focusing on recognition of specific features of malignant melanomas. Patient awareness and self-examination are therefore important for early diagnosis.

1107: ARE PLASTIC SURGEONS EXCISING TOO MANY BENIGN LESIONS? SKIN LESIONS EXCISED IN A TERTIARY REFERRAL CENTRE

Kenneth Joyce, Jemima Dorairaj, Miriam Byrne, Padraic Regan, Jack Kelly, Deirdre Jones, Alan Hussey. *Galway University Hospital, Galway, Ireland*

Aim: With existing resources, the demand for management of malignant skin lesions, in addition to the expanding benign cohort is unsustainable - reflected in longer waiting-lists. We audited lesions excised over a 6-month period in our Plastic Surgery service.
Methods: Theatre log-books and histopathological reports of skin lesions excised in April-October 2010 were analysed. Additionally, a proforma was completed by plastic surgery trainees to assess the surgeon's clinical impression of lesions excised in September 2011.
Results: 825 lesions were excised in 580 patients, 56% female, 44% male. Benign to malignant ratio (BMR) was 3.7:1, 608 (79%) benign lesions versus 165 (21%) malignant. Of the malignant lesions excised, basal cell carcinoma were most common (128), followed by squamous cell (32) and malignant melanoma (4). Data was available on 125 lesions excised in September 2011. 96 lesions (76.8%) were suspected benign and 29 lesions (24.4%) either high-risk or malignant lesions. GP impressions were obtained for 84 patients giving a GP malignant lesion sensitivity of 56% (14/25). Plastic surgeons clinical impressions were obtained on 110 patients giving a malignant lesion sensitivity of 90.3% (28/31).
Conclusion: The large proportion of benign lesions excised is questionable, potentially warranting re-evaluation of policies dictating current practice.

1128: A SINGLE CENTER 10 YEAR REVIEW AND SUB-SET DATA ANALYSIS OF BECKER EXPANDER BREAST IMPLANTS

Katia Sindali [2], Marcus Davis [1], Sam Orkar [1]. [1] *Queen Victoria Hospital, East Grinstead, W. Sussex, UK;* [2] *St Thomas' Hospital, London, UK*

Aim: To identify, review and analyse the data of 'Becker' breast implants inserted at the Queen Victoria Hospital, East Grinstead, over a 10 year period (1999-2009), and compare results with the published literature.
Method: Patients undergoing breast implantation using Becker Expander Implants were identified from theatre records and coding. Case notes of the 368 patients (424 implants) identified were retrospectively studied, looking at patient demographics, reasons for implantation and explantation, volumes expanded, complications, type of Becker implanted used and time in-situ.
Results: Average time in-situ was 47.46 months, with the average volume expansion being 272.25ml. 2 in 5 implants were exchanged for fixed volume implants, a finding consistent with all reasons for use of Becker breast expanders.
Complication rates were statistically higher in the Cancer reconstruction group (15.7%) (p=0.05). There was no statistical difference between whether or not an anatomical (Becker 35) or Round (Becker 25 & 5o) was used.
Conclusions: Becker breast implants are a cost effective and reliable method of breast reconstruction in a variety of indications. However, a large number of these implants are explanted and exchanged for fixed volume implants having suffered no complication to warrant explantation.

1148: PREDICTING RECURRENCE IN PATIENTS UNDERGOING SENTINEL LYMPH NODE BIOPSY FOR MELANOMA

Kenneth Joyce, Fiachra Martin, Niall McInerney, Deirdre Jones, Michael Kerin, Jack Kelly, Alan Hussey, Padraic Regan. *Galway University Hospital, Galway, Ireland*

Aims: The aim of this study was to audit all melanoma patients who underwent SLNBx in Galway University Hospital between 2005-2010.
Methods: Binary Logisitic regression analysis was performed using SPSSv18 on recognised predictive parameters of tumour aggression with relation to sentinel node postivity and recurrence rates. 186 melanoma patients underwent SLNBx between 2005-2010. Patients were assessed through retrospective analysis of histopathology reports, chart and radiology review.
Results: 186 patients underwent SLNBx, 115 female (63%) and 69 male (37%). Superficial spreading melanoma was the most common subtype (46%) followed by nodular melanoma (25.5%). 169 patients had a negative sentinel node, 15 patients a positive node and in 2 patients a sentinel node could not be identified. SLNBx positive patients had an average Breslow thickness of 3.9mm compared with 2.1mm in SLNBx negative patients. Breslow depth and ulceration of the primary tumour were identified as the strongest predictors of sentinel node positivity. The strongest predictor of local recurrence was melanoma subtype with nodular melanoma associated with 62.5% of all local recurrences.
Discussion: SLNB is central to staging of malignant melanoma. This study highlights factors that predict those who are at high risk of recurrence in the presence of a negative SLNB.

1158: THE VERY LONG POSTERIOR TIBIAL ARTERY (VLPTA) FLAP: CONCLUSIONS FROM CASE SERIES AND LITERATURE REVIEW

Leela Sayed, Noemi Kelemen, Stephen Williams, Graham Offer. *Leicester Royal Infirmary, Leicester, UK*

Aims: Case series and literature review outlining the advantages and complications of using a pedicled very long posterior tibial artery (VLPTA) flap in patients with lower limb injuries and/or infection.
Methods: We report three patients who underwent below-knee amputation and reconstruction using the VLPTA flap. Approximately 10cm of tibia was preserved. Intact intrinsic foot muscles and sole of the foot were harvested with subsequent proximal dissection of the posterior tibial neurovascular pedicle. The heel pad was secured over the anterior aspect of the tibia. An Ovid Medline search was also performed.